

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California		Case 6:20-po-00742-HBK Document 35 Filed 10/21/21 Page 1 of 1		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
PLEASE Read Instruction Page (attached):							
1. YOUR NAME BENJAMIN GERSON		2. EMAIL benjamin_gerson@fd.org		3. PHONE NUMBER 559.487.5561		4. DATE	
5. MAILING ADDRESS 2300 Tulare Street, Suite 330				6. CITY Fresno		7. STATE CA	
8. ZIP CODE 93721							
9. CASE NUMBER 2:20-PO-742		10. JUDGE HBK		DATES OF PROCEEDINGS			
				11. FROM 10/12/21		12. TO 10/12/21	
13. CASE NAME U.S. v. Nunn				LOCATION OF PROCEEDINGS			
				14. CITY Yosemite		15. STATE CA	
16. ORDER FOR							
<input type="checkbox"/> APPEAL No.		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.							
TRIAL		DATE(S)		REPORTER		HEARINGS	
DATE(S)		REPORTER		DATE(S)		REPORTER	
<input type="checkbox"/> ENTIRE TRIAL				<input checked="" type="checkbox"/> OTHER (Specify Below)			
<input type="checkbox"/> JURY SELECTION				MOTION HEARING		10/12/21	
<input type="checkbox"/> OPENING STATEMENTS						ECRO	
<input type="checkbox"/> CLOSING ARGUMENTS							
<input type="checkbox"/> JURY INSTRUCTIONS							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE /s/ Benjamin Gerson				PROCESSED BY			
20. DATE 10/21/2021				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			